



Division of Laboratory Services
630 Hart Lane
Nashville, TN 37216
615-262-6300

<https://www.tn.gov/health/health-program-areas/lab.html>

Disease/Agent Suspected or Test Requested:

**Chlamydia trachomatis/Neisseria gonorrhoeae (Gonorrhea) antigen detection
by Nucleic Acid Amplification (NAAT)**

Provider Requirements	
Acceptable Specimen Sources/Type(s) for Submission	<ul style="list-style-type: none">• Endocervical• Urethral (male)• Rectal• Pharyngeal• Vaginal• Urine
TDH Requisition Form Number	PH-4182
Media Requirements	<ul style="list-style-type: none">• Unisex swab transport collection kit• Vaginal swab transport collection kit• Urine transport kit
Special Instructions	<p>PTBMIS Order Codes:</p> <ul style="list-style-type: none">• GENPU (GEN PROBE, URINE)• GENPP (GEN PROBE, UROGENITAL PENILE SW)• GENPE (GEN PROBE ENDOCERVICAL)• GENPO (GEN PROBE THROAT/OTHER)• GENPV (GEN PROBE SELF OBTAIN, VAGINAL)• GENPA (GEN PROBE ANAL) <p>StarLIMS Order Code: 2199 (CT/GC Panel)</p>
Shipping Instructions	Ship Room Temperature/Ambient
Laboratory Section Performing Testing	Serology
Lab Location(s) Performing Test	Nashville; Knoxville

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).